

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10-642,951
APPLICANT(S)

FILING DATE

12/6/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13			1			
14				1		
15				1		
16				2		
17				2		
18				2		
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27				2		
28				2		
29				2		
30			1			
31				1		
32				1		
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49						
50						
TOTAL IND.			4			
TOTAL DEP.			31			
TOTAL CLAIMS			35			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						